



MetLife Dental Dentist Nomination Form

EMPLOYEE'S INFORMATION

Employee's Name: (required) _____

Employee's Payroll ID Number: _____

Employee's Work Phone Number: (required) _____

Please check your plan type: Dental HMO or Dental PPO

DENTIST INFORMATION

Dentist Name: (required) _____

Dental Office Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (required) _____

A MetLife Providers Relations Representative will contact the dentist you are nominating. Neither MEA nor MetLife can guarantee a dentist will be added to plan.

PLEASE FAX THIS FORM TO MEA BENEFITS 619-431-3078
OR EMAIL TO BENEFITS@SDMEA.ORG